|   | PATENT A                                       | PPLICATIO<br>Effecti                      | Application or Docket Number  19 760205  997655 |  |                              |                  |          |                     |                        |                |                     |                        |
|---|--|---|---|--|------------------------------|------------------|----------|---------------------|------------------------|----------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |   |  |                              |                  |          | MALL EN             | ITITY                  | OR             | OTHER<br>SMALL I    |                        |
| TOTAL CLAIMS  |  |   | 23  |  |                              |                  | ſ        | RATE                | FEE                    |                | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                                    |  | NUMBER EXTRA                 |                  |          | BASIC FEE           | 355.00                 | OR             | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 42 minus 20=                                    |  | . 22                         |                  | ı        | X\$ 9=              |                        | OR             | X\$18=              | 396                    |
| INDEPENDENT CLAIMS  |  |   | 5 minus 3 =                                     |  | `≪                           |                  |          | X40=                |                        | OR             | X80=                | 160                    |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |   |  |                              | Ø                |          | +135=               |                        | OR             | +270=               | 270                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |  |                              | 1                | TOTAL    |                     | OR                     | TOTAL          | 1536                |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |   |  |                              |                  | SMALLI   | ENTITY              | OR                     | OTHER<br>SMALL |                     |                        |
| AMENDMENT A   | a della  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM                                  | HEST<br>IBER<br>OUSLY        | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . ~                                       | Minus   |  | ***                          | <b>=</b>         |          | X\$ 9=              |                        | OR             | X\$18=              |                        |
|   | Independent                                    | · (6)                                     | Minus   | ····E  | <u> </u>                     | 3                |          | X40=                |                        | OR             | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |   |   |  | T CLAIM                      |                  |          | +135=               |                        | OR             | +270=               |                        |
| - L   |  |   |   |  |                              |                  |          | TOTAL<br>ADDIT, FEE |                        | OR             | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |   |  |                              |                  |          | ADDIT. FEE          | <del> </del>           |                | NODIT. I CC         |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NUM<br>PREVI                                 | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | · 30                                      | Minus   | <u>.                                    </u> | D .                          |                  | l        | X\$ 9=              |                        | OR             | X\$18=              |                        |
| AME   | Independent                                    | · ()                                      | Minus   | ···· 5                                       | T CL AIRE                    | =                |          | ****                |                        | OR             | X30=                | 8400                   |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |  |                              |                  | <b>'</b> | +135=               |                        | OR             | +270=               |                        |
|   |  |   |   |  |                              |                  |          | TOTAL<br>ADDIT. FEE |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                | A THE PERSON OF THE PERSON                      |  | mn 2)<br>IEST                | (Column 3)       |          |                     |                        |                |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | PREVI  | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 4                                       | Minus   |  | 12                           | = Ø              |          | X\$ 9≖              |                        | OR             | X\$18=              |                        |
|   | Independent                                    | • /                                       | Minus   | ***  | <u> </u>                     | = 0              |          | X40=                |                        | OR             | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |  |                              |                  |          | +135=               |                        | OR             | +270=               |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE                             |  |   |   |  |                              |                  |          |                     |                        | OR             | TOTAL<br>ADDIT, FEE |                        |
| ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |  |                              |                  |          |                     |                        |                |                     |                        |

FORM PTO-875 (Rev. 8/00)